

ALABAMA MANUFACTURED HOUSING COMMISSION

350 SOUTH DECATUR STREET
MONTGOMERY, ALABAMA 36104
PH(334) 242-4036 FAX(334) 240-3178
www.amhc.alabama.gov

APPLICATION FOR MANUFACTURED HOME INSTALLER CERTIFICATION / RE-CERTIFICATION / RENEWAL
PLEASE TYPE OR PRINT LEGIBLY (INCOMPLETE APPLICATION WILL BE RETURNED)

NAME OF APPLICANT (Person and/or Company)_____

IF THIS IS A FIRM OR CORPORATION, LIST NAME OF OFFICER ON BOND_____

DOB_____/_____/_____ DRIVER'S LICENSE NUMBER_____

HEIGHT_____WEIGHT_____COLOR HAIR_____COLOR EYES_____

STREET ADDRESS_____

STREET / ROAD

CITY

STATE

ZIP

MAILING ADDRESS_____

AREA CODE & TELEPHONE NUMBER / AREA CODE AND FAX NUMBER

COUNTY

DBA (DOING BUSINESS AS)

STREET / ROAD & NO.

CITY

STATE

ZIP

AREA CODE & TELEPHONE NUMBER / AREA CODE AND FAX NUMBER

COUNTY

NUMBER OF YEARS EXPERIENCE IN MANUFACTURED HOME INSTALLATION_____

WERE YOU PREVIOUSLY CERTIFIED BY THIS COMMISSION?_____IF YES, CERT. NO._____

SURETY BOND COMPANY

SURETY COMPANY

PHONE NUMBER

BOND AMOUNT

BOND NUMBER

GENERAL LIABILITY INSURANCE

MUST INCLUDE COVERAGE FOR PERSONAL PROPERTY OF OTHERS IN INSTALLER'S CARE, CUSTODY OR CONTROL

INSURANCE COMPANY

PHONE NUMBER

INSURANCE AMOUNT

POLICY NUMBER

Pursuant to the provisions of the Rules and Regulations for Installation and Certification, I hereby submit this application for certification. In making this application, I certify that all manufactured homes installed under the authority of this certification will comply with the Rules and Regulations of the Alabama Manufactured Housing Commission.

SIGNATURE OF APPLICANT_____DATE_____

BY PLACING MY SIGNATURE HEREON, I ATTEST THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT.

AFTER YOUR APPLICATION HAS BEEN REVIEWED, YOU WILL BE NOTIFIED OF THE FIRST AVAILABLE INSTALLER COURSE, IF APPLICABLE.

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED_____DATE APPROVED_____

CERTIFICATION NUMBER_____DATE CERTIFICATION SCHOOL COMPLETED_____